Author's response to reviews

Title: Good continuum of HIV care in Belgium despite weaknesses in retention and linkage to care among migrants

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Author's response to reviews: see over
Dear editor, dear reviewers,

We thank you for having reviewed again the manuscript entitled “Good continuum of HIV care in Belgium despite weaknesses in retention and linkage to care among migrants”. We are sincerely grateful for the comments of the reviewers that helped us to improve the content of the manuscript. The answers to the reviewers’ comments are below.

The text has been revised again for the quality of the written English.

**Answers to reviewer Janne Estill**

- **Minor essential revision**

  Figure 2 is not mentioned anywhere in the text anymore. Moreover, I think the results are no more correct due to the revised definition of linkage to care (please see my comment 2a from the previous review). Please check this and reconsider if the Figure should be left out or revised.

We believe that this figure is needed to illustrate the proportions of the diagnosed HIV population living in Belgium in each stage of the continuum. This type of figure is in line with illustrations of the continuum of HIV care in other articles on the same subject. We added a note in the figure to explain that the population “linked to HIV care” represents all diagnosed patients living in Belgium ever linked to HIV care (those retained and those not retained in HIV care). The reference to the figure has been added at the end of the results section. We adapted the title of the figure. This figure is now referred to as number 3.

p.9, line 264: “The continuum of HIV care of the diagnosed HIV patients living in Belgium is illustrated in figure 3.”

Title figure 3: *Estimated percentage of diagnosed HIV individuals living in Belgium by stage of the continuum of HIV care, 2011.*

- **Discretionary revisions**

  In my opinion, the method of calculating the number of diagnosed patients in 2011 is now appropriate. However, the description of the method is sometimes difficult to follow. A graphic (e.g. flowchart) could be very helpful to understand.

  A figure illustrating the distribution of the diagnosed HIV population between the stages of the continuum of care as used in the method has been added (figure 1).
p. 6, line 169: “The distribution of the diagnosed HIV population through the stages of the continuum of care is schematized in figure 1.”

Title figure 1: Diagram representing the distribution of the HIV diagnosed population within the continuum of HIV care.

In follow-up to my comment 1 from the previous review, it is also not clear yet what the true outcomes and reasons for dropping out of care are for those patients who are still in the country. For example, how large proportion of the patients who are no longer in care are expected to have died? What are the reasons for the remaining patients for not being retained in care? I understand that it might not be possible to answer these questions from the available data, but some discussion could be helpful.

This analysis is about estimating the continuum of HIV care among the alive HIV patients. According to our method, deceased patients are excluded from the analysis in the same way as the patients who left Belgium. Following the results of the analysis, the reasons why ~7% of the patients are not retained in HIV care for more than one year whilst remaining in Belgium deserve further investigations, for instance on socio-economic indicators, however we do not have currently information to answer that question.

Thank you for considering this revision.

Yours sincerely,

Dominique Van Beckhoven